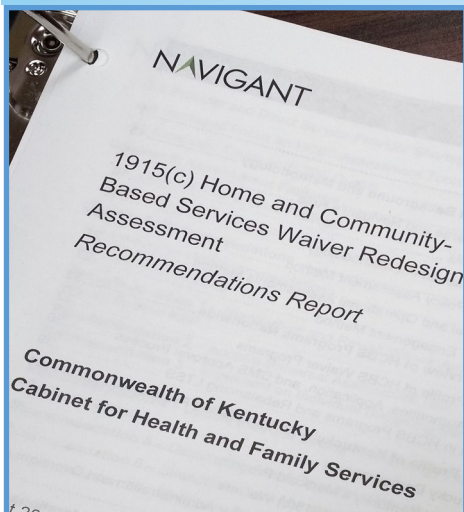


The Medicaid Waiver Review

News from Kentucky's 1915(c) waiver programs
October 2018



1915(c) Waiver Redesign Project Reaches Major Milestone

On September 20, 2018, the Department for Medicaid Services (DMS) released Navigant Consulting, Inc.'s final assessment report on Kentucky's 1915(c) waiver programs. The final report is a follow up to a preliminary assessment report released in April 2018.

The report is the culmination of more than a year of work including a thorough evaluation of the waivers and interviews with staff and stakeholder focus groups. DMS also engaged stakeholders during a town hall tour in May, reaching waiver participants, caregivers, and providers.

DMS anticipates releasing a response to the report soon. In addition to describing the next steps DMS plans to take, the report will outline how DMS continues to reach out to stakeholders as the project to

redesign the 1915(c) waiver programs continues.

To view the report, visit the Division of Community Alternatives (DCA) website at:

<https://chfs.ky.gov/agencies/dms/dca/Pages/default.aspx>

To share your comments with DCA, you can:

Email medicaidpubliccomment@ky.gov

Call (502) 564-7540 and ask to speak with Misty Peach

Or write a letter to:

Department for Medicaid Services

Division of Community Alternatives

275 E. Main Street 6W-B

Frankfort, Kentucky 40621

HCBS Federal Final Rules Update Webinar

The Division of Community Alternatives (DCA) held a webinar on September 19, 2018 to update stakeholders on the process of becoming compliant with the Centers for Medicare and Medicaid Services (CMS) Federal Final Rules. The policy requires states to make service planning person-centered, to implement conflict-free case management, and to ensure provider settings integrate waiver participants into the community. Kentucky expects to be fully compliant by 2022. You can see a recording of the webinar by visiting <https://chfs.ky.gov/agencies/dms/dca/Pages/default.aspx> and looking for the **"HCBS Federal Final Rule Update Webinar"** under **"Publications"** on the right side of the page.





Medicaid Undergoes Leadership Changes

Carol Steckel, MPH

The Cabinet for Health and Family Services (CHFS) has announced Carol H. Steckel, MPH as the new Medicaid Commissioner. Steckel spent the last five years leading Medicaid policy as the Senior Director of Alliance Development at Well-Care Health Plans in Florida. She has also served Medicaid programs in North Carolina, Louisiana, and Alabama.

Jill R. Hunter, who served as Medicaid Commissioner this summer, is now the Senior Deputy Commissioner. Her focus is on the 1915(c) waiver redesign project.

“Carol is a nationally known Medicaid leader and will bring additional expertise to the Agency. Jill did an outstanding job serving as Commissioner the last several months, helping DMS navigate through one of its most challenging times. Jill’s passion and understanding of the vulnerable populations served by the 1915(c) waivers is unmatched, and we are so fortunate to be able to return her focus to this important initiative, while also continuing to receive her assistance managing other parts of this complex organization,” CHFS Secretary Adam Meier said in a news release.

Steckel and Hunter began their new roles in early September.

Division of Community Alternatives (DCA)

Welcomes New Director

Pam Smith became the director of DCA on September 5. She has been a registered nurse for 25 years and holds a bachelor’s degree in business.



Pam Smith

Smith has been working with Medicaid for 21 years and has helped manage 1915(c) waiver programs for 15 of those years. She most recently served as a clinical program manager for the waivers. When she’s not working to serve our participants, she enjoys spending time with her husband, their two sons, and their grandson.

ABI and ABI LTC Waivers Transition from CDO to PDS

Effective September 1, 2018, both the Acquired Brain Injury (ABI) and the Acquired Brain Injury Long Term Care (ABI LTC) waivers transitioned from the Consumer Directed Option (CDO) to Participant-Directed Services (PDS). Waiver participants should not notice any major changes to their services. The transition does change the way providers bill these services.

Instead of using the bundled code when requesting services or billing claims, the provider must use the specific code with the HI modifier, which denotes the services as PDS rather than traditional. Each code should be for a specific unit, frequency, and rate. Providers should no longer request an annual or exception budget from DMS. MAP 95s for goods and services on the plan of care (POC) should be entered into the Medicaid Waiver Management Application (MWMA). Providers should not send them to DMS.

For more information, visit <https://chfs.ky.gov/agencies/dms/dca/abib/Pages/default.aspx> and look for the **“Provider Updates”** link under **“Provider Resources”** on the right side of the page.



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